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# Request for Customer Number

## Address to:

Mail Stop CN  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

To the Commissioner of Patents

Please assign a Customer Number to the Correspondence Address indicated below.:

<b>Firm or Individual Name</b>	Jenkins Comfort Systems, LLC			
<b>Address</b>	P.O. Box 10063			
<b>City</b>	Augusta	<b>State</b>	GA	<b>ZIP</b> 30903
<b>Country</b>	USA			
<b>Telephone</b>			<b>Email</b>	hclausen@gabn.net
Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited above.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto				
<b>Request Submitted by:</b>				
<b>Firm Name (if applicable)</b>	Kilpatrick Stockton, LLP			
<b>Signature</b>	/John S. Pratt 29476/			
<b>Name of Person submitting request</b>	John S. Pratt		<b>Date</b>	August 8, 2008
<b>Registration Number, if applicable</b>	29476		<b>Telephone Number</b>	404-815-6500

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop CN, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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**Request for  
Customer Number****Practitioner Registration Number  
Supplemental Sheet**

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Pages

Please associate the following Practitioner Registration Numbers with the Customer Number assigned to the Address cited on Request for Customer Number form attached.


Firm Name

Date

☐ Additional supplemental sheet(s) attached hereto

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